STATE OF INDIANA LAKE COUNTY FILED FOR RECORE

2017 043875

2017 JUL 18 PM 1: 10

MICHAEL B. BROW-RECORDER

RETURN TO: HODGES & DAVIS, P.C.

Attorneys at Law 8700 Broadway Merrillville, IN 46410

RELEASE OF HOSPITAL LIEN

This is to certify that a certain Hospital Lien by THE METHODIST HOSPITALS, INC., outhlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against MACKENZIE QUIRK, r he E rs,

| Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against <u>MACKENZIE QUIRI</u> |
|--|
| represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was |
| executed on the 17th day of April, 2017, and recorded on the 28th day of April, 2017 (as |
| instrument number 2017 -026059), in the Office of the Recorder of Lake County, Indiana, for the |
| reasonable and necessary charges for hospital care, treatment and maintenance of MACKENZI |
| QUIRK, in the amount of One Thousand Six Hundred Sixty Four & 69/100 (\$1,664.69) Dollar |
| is released this 19th day of 10th all 19th 12017. |
| |
| In the event full payments of the hospital charges has not been received, The Methodist |
| Hospitals, Inc. specifically reserves all rights it may have to collect the balance due. |
| |
| THE METHODIST HOSPITALS, INC. |
| |
| BY: |
| Yolanda Jalme |
| |
| STATE OF INDIANA) |
| SS: |
| COUNTY OF LAKE) |
| THER'S COMMENTER STATES |
| Yolanda Jaime, being the Manager Patient Accounts for the Southlake Campus of The |
| Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the |
| foregoing are true and correct. |
| SEAL V. |
| |
| Yolanda Jainhe |
| |
| Subscribed and sworn to before me, a Notary Public, this day of the day of th |
| DEBRA A ROSE |
| Notary Public - Seal |
| State of Indiana Notary Public |
| Lake County A Resident of County Output County |
| My Commission Lypnes |
| 454/31702 |
| |
| I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social |
| security number in this document, unless required by law. |
| |
| This instrument Prepared By: |
| Earle F. Hites, Attorney at Law |
| 8700 Broadway, Merrillville, IN 46410 |

#7777-261817

AMOUNT 5. CASH_____CHARGE CHECK = 21763 OVERAGE.... COPY___ NON-COM_ CLERK